

HIGHWAY DISTRICT FIELD REPORT
Misc. 3457 (4-88)

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No. Killed _____ No. Injured _____ No. of Vehicles _____ No. of Pedestrians _____ Leaving Scene NO Photos YES
 Date of Report 2-26-07 Date of Accident 2-25-07 Time 2120 M. Day SUNDAY
 Precinct 010 Accident No. _____ Aided No. _____ U.F.61 No. _____ Case No. 10705
 Accident Occurred On: W 37 STREET @ 94 AVENUE
 _____ feet N S E W of/at _____
 Borough MANHATTAN PF _____ PNF _____ CF _____ CNF _____ Supplementary _____ Pickup _____

VEHICLES.
 Year 1988 Make CHEVY Type PV Color BLUE Reg. No. CMF88D State N.J.
 Operator MICHAEL R. PHILIPS Address 2 ROBIN RD. KUMSON, N.J. 077
 Sex M D.O.B. 2-20-55 Class Lic. D No. P34625447902555 State N.J.
 Vehicle Identification No. 2CCFK24K5J1181081 Cargo _____ Veh. Wt. 7000 lbs.
 Ins. Code # 903 Policy # 9802418171051 Number of occupants 1
 Owner MICHAEL R. PHILIPS Address 2 ROBIN RD. KUMSON, N.J. 0776
 Year _____ Make _____ Type _____ Color _____ Reg. No. _____ State _____
 Operator _____ Address _____
 Sex _____ D.O.B. _____ Class Lic. _____ No. _____ State _____
 Vehicle Identification No. _____ Cargo _____ Veh. Wt. _____ lbs.
 Ins. Code # _____ Policy # _____ Number of occupants _____
 Owner _____ Address _____

PERSONS KILLED OR INJURED

Name SABINA BEATH PARADI Address 116 GATETREE CT. DANVILLE, CA 94
 Oper. Veh. No. N/A Pass. Veh. No. N/A Where Seated N/A Pedestrian ✓ Sex F Age 23
 Date of Death N/A Time N/A Removed to ST. VINCENT'S HOSPITAL Hospital/Morgue _____
 Victim Ejected N/A Wore Safety Belt N/A Injury HEAD INJURY
 Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____
 Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____
 Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

WITNESSES

Name MATTHEW C. BLANK Address 61 BAYARD ST. MANHATTAN NY 14 Tel. No. 408-892-8845
 Name _____ Address _____ Tel. No. _____
 Name _____ Address _____ Tel. No. _____

WEATHER AND TERRAIN CONDITIONS

WEATHER	LIGHT CONDITION	AREA	LOCATION	ROAD	ROAD CONDITION	SURFACE
Clear	Daylight	Industrial	At Intersection	Straight/Level	Dry	Concrete
Cloudy	Dawn	Business	Between Intersection	Straight/Grade	Wet	Asphalt
Rain	Dusk	Residential	Overpass	Curve/Level	Snowy	Brick
Snow	Darkness	School	Underpass	Curve/Grade	Icy	Cobble
Sleet		Parkway/Expy.	Bridge	Hillcrest	Muddy	Gravel
Fog		Other	Other	% Grade	Other	Other

TRAFFIC CONTROL	VEHICLE DIRECTION	1	2	PEDESTRIAN ACTIONS	1	2	3
Police Officer	Going Straight			Between Intersection			
Signal Light	Changing Lanes			Behind Parked Cars			
Stop Sign	Right/Left Turn			In Safety Zone			
Pedestrian Signal	U Turn			Playing in Road			
Yield Sign	Pull from Curb			Running on Sidewalk			
Other	Parked			Not in Roadway			
None	Backing			Other <u>CROSSWALK</u>			
	Other						

DRIVER VISION BLOCKED

VEH. 1 ☒ YES ☐ NO
 VEH. ☐ YES ☐ NO

Circle all occupants

1	4	1
	5	2
	6	3

OPR/PED. CONDITION

PHYSICAL DEFECT
 INTOXICATED
 APPARENTLY NORMAL
 UNKNOWN